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MAR 22 2006
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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

March 16, 2006

Dennis Downs, Director
Division of Solid & Hazardous Waste
P O Box 144880
Salt Lake City UT 84114-4880

Dear Dennis:

Enclosed is our 2006 Annual Report for calendar year 2005 for the Payson City Solid Waste and the readings for the monitoring of methane gas. Our ground water testing results are forwarded to you as they are taken from URS Corporation.

If you need any additional information or have questions please contact me at (801)-465-5217.

Sincerely,

Debra Bushnell
Administrative Secretary

Payson City Corporation

439 West Utah Avenue, Payson, UT 84651 (801) 465-5200 Fax (801) 465-5208

Mail To:
Dennis R. Downs, Director
Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City UT 84114-4880

Date Entered March 6, 2006

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2005 SOLID WASTE LANDFILL ANNUAL REPORT

MAR 22 2006
06:07:00
UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

Administrative Information

Calendar or fiscal year of report: 2005
If fiscal year, please provide period covered: From _____ To _____
Facility Name: Payson City Landfill
Facility Mailing Address: 439 West Utah Avenue
(Number & Street, Box and/or Route)
City: Payson, State: Utah, Zip Code: 84651
County: Utah

Contact's Name: Kent Fowden Phone No.: (801) 465-5230
Title: Superintendent
Contact's Mailing Address: 439 West Utah Avenue
Contact's Email Address: kentf@payson.org

Owner

Name: Payson City Corporation Phone No.: (801) 465-5200
Mailing Address: Same as above
(Number & Street, Box and/or Route)
City: _____, State: _____ Zip Code: _____

Operator (complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: () _____
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____, State: _____ Zip Code: _____

Facility Type and Status

☐ Class I ☐ Class IIIb ☒ Class V
☐ Class II ☐ Class IVa ☐ Class VI
☐ Class IIIa ☐ Class IV b

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes _____ No X

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total facility tons: 12,330.97 or cubic yards: _____

If separate tonnages are available

Municipal tons: _____ or cubic yards: _____

C/D tons: _____ or cubic yards: _____

Industrial tons: _____ or cubic yards: _____

Conversion Factor Used

- ☒ No conversion factors used
☐ Conversion factor from rules (R314-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Tons Recycled: _____
Cubic yards Recycled: _____

Financial Assurance

Current Closure Cost Estimate: \$ 586,300.00
Current Post-Closure Cost Estimate: \$ 22,800.00
Current Financial Assurance Mechanism: Utah Public Treasurer Investment Fund
(i.e. Bond, Trust Fund, Corporate or government Test etc.)
Financial Assurance Mechanism Holder: 2143
(i.e. Name of Bond Company, Bank etc.. If PTIF Account give account number)
Current Amount or Balance in Mechanism: \$266,274.49

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account information

Note: Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results and statistical analyses. Check box if facility is exempt from ground water monitoring: ☐

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV or VI landfill, or any other facility that has an exemption. Check box if facility is exempt from ground water monitoring: ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____

Date: 3/16/06

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A Duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print Name: KENT M FOWDEN

Title: Superintendent

STATEMENT OF ACCOUNT

PTIF**UTAH****PUBLIC TREASURERS' INVESTMENT FUND**

Edward T. Alter, Utah State Treasurer, Fund Manager

E315 State Capitol Complex

Salt Lake City, Utah 84114-2315

Local Call (801) 538-1042 Toll Free (800) 395-7665

www.treasurer.utah.gov

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ESCROW-PAYSON-CLASS[5 POST CL]

ATTN: ELAINE

439 W UTAH AVE

PAYSON UT 84651

01/31/06

STATEMENT OF ACCOUNT NO: 2143

REPORT PERIOD: 01/01/06 TO 01/31/06

DATE	REFERENCE	DEPOSITS	WITHDRAWALS	BALANCE
01/01/06	BEGBAL	0.00	0.00	266,274.49
01/31/06	NETEARN	977.15	0.00	267,251.64
01/31/06	ENDBAL	0.00	0.00	267,251.64

ACCOUNT SUMMARY

BEGINNING BALANCE:	266,274.49
DEPOSITS IN THE PERIOD:	977.15
WITHDRAWALS IN THE PERIOD:	0.00
ENDING BALANCE:	267,251.64
GROSS EARNINGS:	977.15
ADMINISTRATIVE FEE (0.0000%)	0.00
NET EARNINGS:	977.15
AVERAGE DAILY BALANCE:	266,274.49
GROSS EARNINGS RATE:	4.2616%
NET EARNINGS RATE:	4.2616%

12-31-05 GASB 31 FAIR VALUE
 PER SHARE FACTOR IS .999564

PLEASE RETAIN THIS STATEMENT FOR FUTURE REFERENCE

	Date	Start	Time	% by Vol.	%LEL	Alarm
1	Feb. 14, 2006	Period#1	13:28:32	0	0	Disabled
2		Pump Off/On	13:35:44	0	0	Disabled
3			13:37:10	0	0	Disabled
4		Pump Off/On	13:42:56	0	0	Disabled
5			13:44:22	0	0	Disabled
6		Pump Off/On	13:51:43	0	0	Disabled
7			13:53:09	0	0	Disabled
8		Pump Off/On	13:59:38	0	0	Disabled
9			14:01:05	0	0	Disabled
10		Pump Off/On	14:08:34	0	0	Disabled
11			14:10:00	0	0	Disabled
12		Pump Off/On	14:16:38	0	0	Disabled
13			14:18:04	0	0	Disabled
14		Pump Off/On	14:25:42	0	0	Disabled
15			14:27:08	0	0	Disabled
16						